

# Healthy Sexuality: Adaptive Skills for Individuals with Asperger's Syndrome

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The last numbers of years have seen rapid development in interventions related to Asperger's Syndrome (AS). However, programs incorporating themes related to interpersonal relationships and sexuality are very few in number despite the pressing concerns of families and couples affected by AS.

**This presentation** concerns the learning of appropriate sexual behaviours for adolescents and young adults with Asperger's Syndrome. The aim is to check how much intensive sex education could replace problem sexual behaviours by new behaviours that enhance social adaptation.

The presentation will elaborate on strategies to improve the social and sexual skills of individuals with AS. The following topics will be addressed: (1) Puberty and sexual development; (2) Friendship: personal values, personality and interpreting different messages; (3) Emotions: "Mind Reading" software, how to read emotions of the face, emotions related to sexuality; (4) Communication: verbal and nonverbal, Theory of Mind, role-playing; (5) Sexual behaviour: enhancing appropriate behaviours, hyper- and hyposensitivity of the body; (6) Intimacy :, misinterpretations, limits; and (7) Interpersonal relationships in different contexts: school, work, friends, couples.

**The results** indicate that providing information and sex education is beneficial in meeting the needs of the Asperger's population by decreasing inappropriate sexual behaviours and enhancing social skills. Overall, this program allowed individuals with Asperger's Syndrome to become independent and achieve a socially appropriate level of functioning.

## A basic introduction to the working definition of sexuality.

Up to now, remarkably little research and clinical attention has been directed to the sexuality of adolescents and young adults with Asperger's Syndrome (AS) both in terms of their sexual profiles and their knowledge of sexuality. In addition, several parents and professionals feel uncomfortable talking about sexuality. Nonetheless, sexuality is an

integral part of the normal development of adolescents and we have recently begun to recognize that individuals have the right to experience and fulfill this important part of their life. Adolescents with AS have a genuine need to learn about sexuality; they are curious and seeking information and opportunities to experiment with sexuality. Clearly, this is an opportune and appropriate time in which to provide them with sexual education. In addition to going through the same stages of sexual development (increase in hormones, body hair, genital maturation, etc.) as do other adolescents, Individuals with AS have similar sexual interests and needs as other youth. They differ in that they experience major difficulties with communication and social interaction which directly impair their ability to interact sexually as well as reinforce the emergence of inappropriate sexual behaviors.

When the topic of sexuality has been addressed in the literature, it has usually been restricted to a discussion of problem behaviors (i.e., compulsive masturbation, inappropriate sexual interactions). Such a perspective is limited in that it fails to consider the complexity of sexuality in general. As in any other context, sexuality in AS consists of intimacy, friendship, pleasure, communication, love, masturbation, intercourse, dating, desire, identity and belonging in addition to problematic behaviors.

For the majority of Individuals with ASs, sexual behaviors are perceived as any other behavior, free of social rules and convention. In contrast, parents and professionals often view sexuality in a much different manner. For them, sexuality may be taboo, value-laden and a source of conflict. The need to protect the adolescent may be so strong that the subject of sexuality is avoided or banned altogether. There is also a tendency to define everything with respect to AS. This perspective fails to consider that adolescence, as a developmental period, brings about a variety of changes, new behaviors, and a need for discovery.

The topic of sexuality is often ignored and parents often wait until it emerges by itself. They often express fears that their teens will engage in more sexual experiences if their knowledge about sexuality increases. In fact, having a solid sexual knowledge base contributes to better decision-making skills.

Issues of development and how they are likely to be interpreted (or misinterpreted) and manifested by the AS individual.

Below are some general data regarding the sexuality of individuals with AS.

Frustrations can be expressed as inappropriate or aggressive behaviours

Adolescents with AS commonly misunderstand requests that are made of them. It is also difficult for them to detect or express their own internal processes (hormonal variation, conflicting emotions, mood changes, etc.). Such situations may bring about confusion and frustration which are often expressed as inappropriate behavior. These impulsive reactions frequently become the only vehicle by which internal tensions are released. The functional analysis of aggressive or inappropriate conducts consists of observing what happened before, during, and after the behavior occurred. Conducting such a descriptive analysis provides clues which help to recreate the sequence of behaviors which in help to understand the contingencies under which the behavior took place. The aggressive behavior can usually be traced back to and identified as a "symptom" of a frustration.

#### The gender identity of autistic adolescents can be a source of conflict

Adolescents with AS do not have the natural tendency to question their identity. Adolescence is commonly viewed as a developmental stage where identity in general is questioned. Belonging to the male or female sex determines several of our behaviors. As such, adolescents will usually have the desire to belong to the subgroup with which they identify. This sets into motion a whole series of protocols and changes related to dress code, musical preferences, interests, and behavioral repertoire. Adolescents with AS are less attuned to social rules and do not feel the same pressures to belong to or affiliate with any particular group. Their tendency to isolate themselves can become a source of conflict if the Individuals with AS has no bearings with respect to a sense of belonging. Sexual preference does not seem to obey the strict social rules typically associated with adolescence. The general categories are more flexible and more movement between categories is observed in individuals with AS. It therefore appears that Aspies respect their own sense of identity over socially determined norms.

Clinical observations seem to reveal the presence of high levels of homosexual fantasy and behavior. To date, these findings have not been supported in the scientific literature, but the author and Dr. Anthony Attwood will soon present the results of an international (Canada, UK, USA, Australia) study aimed at establishing the sexual profile of individuals with AS. The results are interesting and show that, in general, the AS sexual profile differs in several respects from that of the general population. Body image, sense of belonging to one's sex, and the erotic imagery of individuals with AS seem to be less influenced by social norms. Aspies would appear to act according to their internal desires regardless of whether they are directed to a person of the same or the opposite sex. The author has recently been in contact with a discussion group composed of transgendered individuals with AS. Could there be a high comorbidity rate between Pervasive Disorders of Development and Gender Identity Disorders? This hypothesis requires empirical attention.

### Social imitation is frequent

A behavioral repertoire consists of the rituals and routines that provide adolescents with a sense of security. In AS, social behaviors are poorly developed which renders interpersonal relationships difficult. Adolescents tend to imitate their peers' behavior without necessarily decoding the inherent complexity. As such, they can reproduce an observed behavior without considering the context in which it took place. For example, an Aspie who has seen a couple kissing in the street could attempt to kiss the first girl he meets. An adolescent could also repeat a form of touch that he experienced. Failing to consider the context in which these behaviors take place can increase the likelihood that an inappropriate sexual behavior will occur.

### Difficulties regarding the interpretation of emotions

Youth with AS present with numerous difficulties regarding the decoding of their own emotions in addition to interpreting those of others. Emotions are typically reduced to the most basic such as joy, anger, or sadness. The full range of emotions needs to be explored in order to allow adolescents to express more clearly what they are feeling. Sexuality entails a variety of emotions which surpass two or three basic ones. It is within these subtle nuances that relationships with others are enriched. Therefore, adolescents with AS would benefit from a more elaborate repertoire of emotions. Consider the following: in the midst of a conversation with a classmate, an Aspie detects joy from his smile. The classmate had to explain to her that he was more than simply happy. In fact, he desired her. According to him, this desire could also have been detected in his eyes and in his general attitude towards her. Learning about and being able to decode emotions are important aspects of sexuality. Having a better developed ability to express one's emotions and to interpret those of others can decrease frustration and any possible subsequent impulsive reactions displayed by adolescents with AS.

### Complex interpersonal relationships are misunderstood

Aspies have difficulty decoding the messages that are simultaneously emitted during interactions with several individuals or in conversational dyads. Words and phrases with double meanings lead to confusion. Non verbal communication (which acts as a parallel language) is also difficult to detect. As such, a simple conversation can easily turn into a nightmarish experience. Sexuality is filled with subtleties and small gestures and intentions that must be decoded on a second level. Adolescents with AS report that their interactions feel as though they were in the presence of someone who was talking an unknown dialect. "It is like learning a new language each time". Some Aspies learn to detect and decode specific cues (key words, precise gestures, intonations of voice). Nonetheless when they are too rigid, conflicts are likely to occur. Human interactions

take place on a variety of levels: emotional, non-verbal, cognitive, etc. which render them complex for individuals with AS.

One method of learning to decode complex messages is to begin by exploring one's own levels of communication. Using case vignettes and simple role-playing situations, we ask the adolescent to explore all the different messages transmitted. For example, what can be decoded from the following: "I like you, would you like to go out tonight"? The first interpretation is the invitation to go out (factual level), the second is the interest that the other has for me (emotional level), the third is related to the other's intent (interpersonal level), and the fourth is the other's non-verbal communication (the language parallel to the gestures, the smile, proximity, tone of voice, etc.). Simple examples can be used to explore all possible interpretations and meanings. The exercise continues by dealing with situations that are progressively more complex in terms of the number of messages conveyed and the number of interactions involved. Learning therefore takes place in a safe manner where the focus is on the desire to interact with others and not on performance. The more adolescents feel competent in their social interactions, the less they will isolate themselves.

### Sexual drive is part of normal development

During adolescence, sexual desire is in constant flux. Sex hormones, particularly testosterone in men, cause numerous changes. These include the development of the secondary sexual characteristics, physiological changes, the need to explore, and sexual desire. This stage of development is normal and explains why adolescents display much curiosity with regards to sexuality. The levels of sexual desire experienced by Aspies are comparable to those of the general population, but they experience fewer actual experiences.

### Sex education

Before talking about sex education few things should be taken into consideration:

- How the adolescent's particular history and personality may affect his/her social and sexual development?
- How it affects his/her ability to learn information about sexual issues?
- What extra information or material may need to be provided to address any of his/her specific characteristics?

Here are some tips on how to address sexuality with Aspies:

- Start with simple explanations, e.g.: gender issues (what does it mean to be a boy or a girl), general knowledge (hygiene, anatomy) and sexual characteristics (physical, emotional, etc.)

- Be concrete in your explanations: they must be simple and effective (concrete facts, examples, games, etc.)
- Talk about sexuality in a positive way; avoid stereotypes and prejudices
- Value the differences, particularities, special capacities of the adolescent: what makes him/her unique?
- Integrate these discussions with family members, groups or classes to create continuity
- Avoid being overprotective. This leads to misinformation and ambivalence regarding sexuality
- Use reinforcement when they ask for information (only when you feel they are ready to integrate it)
- Open communication is a process that needs to be worked on over the long-term

Here are some workshops from the "Socio-Sexual Education Program" of Durocher & Fortier (1999), Hénault (2005) and Kempton (1993). The final goal is to check how much adapted intensive sex education could replace problem sexual behaviors by new behaviors that enhance social inclusion.



# Asperger Syndrome and Sexuality

FROM ADOLESCENCE THROUGH ADULTHOOD

Isabelle Hénault

Foreword by Tony Attwood

**➤1. Love and Friendship**

This theme serves as an introduction to the program. Interpersonal relationships for teenagers and adults, and other questions will be presented. Sharing on themes like sexuality, love, friendship and personal values should stimulate discussion among participants.

**➤2. Physiological changes**

This theme allows the researcher to give information on the genitals (masculine and feminine) as well as their functions. Furthermore, the physical, psychological and emotional changes happening during adolescence and adulthood will be identified. The objective is to define the specific characteristics and to learn the appropriate words related to sexuality of teenagers and adults.

**➤3. Sexual relationships**

The aim of this theme is to inform and demystify sexual experiences on a physical and emotional level and to favor expression of sexual needs. The presentation of a visual document will accompany the activities.

**➤4. Emotions and sexuality**

This interactive workshop aims at teaching the many emotions related to sexual realities. The software *Gaining Face* (Team Asperger, 2000) will be used. Following the learning phase, it will be possible to evaluate their knowledge by using the final quiz.

**➤5. Contraception and prevention of S.T.D. and AIDS**

This theme includes information on contraception and S.T.D. and AIDS prevention methods. The objective is to sensitize the individuals to the importance of contraception by aiming at making them more responsible towards their sexual conducts. One exercise is based on the different steps related to condom use.

**➤6. Sexual orientation**

This activity aims at sensitizing teenagers and adults to different sexual orientations. The individuals are invited to consider the person as a whole rather than judging her/him simply by her or his sexual orientation. The workshop aims at eliminating prejudices related to sexual orientation.

**➤7. Alcohol, drugs and sexuality**

This theme tries to inform Asperger's individuals about the effects of drugs and alcohol. It will be uphold that drugs and alcohol can be obstacles to safe and respectful sexual behavior.

**➤8.. Sexism and gender roles**

The activities aim at sensitizing the group to sexism. This should have them learned to identify sexual stereotypes on gender roles in medias and in everyday life. Violence in relationships will also be evoked. Audiovisual documents will be used.

**➤9. Sexual abuse and inadequate behaviors**

This workshop aims at understanding by Asperger people of what constitutes inadequate sexual behaviors. It should favor the identification by participants of situations of abuse. Furthermore, it should help them elaborate ways to protect themselves and protect others when facing such situations.

**➤10. Mind-blindness, communication and intimacy**

Role-playing exercises should teach the groups how to experiment and cope in different situations involving sexuality that could happen in adult life. This last theme aims at checking if teenagers generalize well and apply the information presented in the preceding workshops to their own life.



## Suggested resources

### Sexuality:

[www.autismuk.com/index9sub.htm](http://www.autismuk.com/index9sub.htm)

<http://amug.org/~a203/sex.html>

[www.nichy.org](http://www.nichy.org)

### Relationships: Making waves program

<http://www.mwaves.org/1.html#top>

### Facial expression: Gaining Face software:

<http://www.ccoder.com/GainingFace>

American Academy of Pediatrics (1996). Sexuality Education of Children and Adolescents with developmental disabilities. (RE9603) Pediatrics, 97, 2, 275-278.

Cornelius, D.A. et al. (1982). Who Cares? A handbook on sex education and counseling services for disabled people. Baltimore, MD: University Park Press.

Durocher, L. et Fortier, M.(1999). Programme d'éducation sexuelle. Les Centres jeunesse de Montréal et la Régie Régionale de la Santé et des Services Sociaux, Direction de la santé publique. Translation in English from the author is available.

Ford, A. (1987). Sex education for individuals with autism : Structuring information and Opportunities. In D.J. Cohen, A.M. Donnellan et R. Paul (Eds.), Handbook of Autism and Pervasive Developmental Disorders (pp.430-439). Maryland, MD: Winston.

Gray, S., Ruble, L. et Dalrymple, N. (1996). Autism and sexuality : A guide for instruction. Autism Society of Indiana.

Haracopos, D. et Pedersen, L. (1999). The Danish Report. Society For The Autistically Handicapped.

Henault, I. (2005). Asperger Syndrome and Sexuality: From Adolescence through Adulthood. London: Jessica Kingsley Publishers.

Hingsburger, D. (1993). Parents ask questions about sexuality and children with developmental disabilities. Vancouvert : Family Support Institute Press.

Howlin, P., Baron-Cohen, S. et Hadwin, J. (1999). Teachnig Children with Autism to Mind-Read. London: John Wiley.

Kempton, W. (1993). Socialization and sexuality : a comprehensive training guide. California : W.Kempton.

Konstantareas, M.M. et Lunsy, Y.J. (1997). Sociosexual knowledge, experience, attitudes, and interests of individuals with autistic disorder and developmental delay. Journal of Autism and Developmental Disorders, 27, 113-125.

McCarthy, M. et Phil, B. (1996). The sexual support needs of people with learning disabilities : A profile of those referred for sex education. Sexuality and Disability, 14, 265-279.

Ousley, O.Y. et Mesibov, G.B. (1991). Sexual attitudes and knowledge of High-Functioning adolescents and adults with autism. Journal of Autism and Developmental Disorders, 21, 471-481.

Ruble, L.A. et Dalrymple, J. (1993). Social/Sexual awareness of persons with autism : A parental perspective. Archives of Sexual Behavior, 22, 229-240.

Torisky, D. et Torisky, C. (1985). Sex education and sexual awareness building for autistic children and youth : Some viewpoints and consideration. Journal of Autism and Developmental Disorders, 15, 213-227.

Van Bourgondien, M., Reichle, N.C. et Palmer, A. (1997). Sexual behavior in adults with autism. Journal of Autism and Developmental Disorders, 27, 2, 113-125.

